

CLAIMS ONLY

Application Number

.. Filling Date

101730257

Applicān(s)

* May be used for additional claims or amendments

CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments						
		Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1		/						51		2				
2			/					52		2				
3			/					53		1				
4			/					54	/					
5			/					55		/				
6			/					56		/				
7			/					57		/				
8			/					58	/					
9			/					59						
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41			/					91						
42			/					92						
43			/					93						
44			/					94						
45	/							95						
46			/					96						
47			/					97						
48			/					98						
49	/							99						
50			/					100						
Total								Total						
Indep	9							Indep	4					
Total								Total						
Depend	41							Depend	15					
Total								Total						
Claims	50							Claims	19					